

Authorised Signatories Form for Airside Access Vehicle Passes

Company Name: _____

Address: _____

Contact Number: _____

Company Details	Nomination 1	Nomination 2
Signatory Name: {Block Capitals}		
Position within Company		
Contact Number		
Mobile Number		
Fax Number		
e-mail Address		
Staff Number		

Signature (Nomination 1) _____

Date: _____

Signature (Nomination 2) _____

Date: _____

Return by e-mail: idooffice.cork@daa.ie

or in person to the ID Office Cork Airport

ADDITIONAL NOMINATIONS OF AUTHORISED SIGNATORIES

Company Details	Nomination 3	Nomination 4	Nomination 5
Signatory Name: {Block Capitals}			
Position within Company			
Contact Number			
Mobile Number			
Fax Number			
e-mail Address			
Staff Number			
Signature			
Date Signed			

Details of Company Manager approving nominations:

Company Stamp

Name: _____ Title: _____

Signature: _____ Date: _____

Authorised Signatories shall hold a senior position in their company and be employed at Cork Airport for a minimum of twelve months.